



Complete Summary

TITLE

Prenatal care: percentage of patients, regardless of age, who gave birth during a 12-month period who were screened for HIV infection during the first or second prenatal care visit.

SOURCE(S)

Physician Consortium for Performance Improvement®. Prenatal care physician performance measurement set. Chicago (IL): American Medical Association (AMA); 2007 Sep. 10 p. [5 references]

Measure Domain

PRIMARY MEASURE DOMAIN

Process

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the [Measure Validity](#) page.

SECONDARY MEASURE DOMAIN

Does not apply to this measure

Brief Abstract

DESCRIPTION

This measure is used to assess the percentage of patients, regardless of age, who gave birth during a 12-month period who were screened for human immunodeficiency virus (HIV) infection during the first or second prenatal care visit.

RATIONALE

While the number of perinatally transmitted cases of human immunodeficiency virus (HIV) has decreased, perinatal transmission still accounts for the majority of new cases of HIV in children. Benefits of knowing a woman's HIV status early on in pregnancy have been well documented and allow the health care provider to initiate treatment early on in the pregnancy, thereby decreasing the risk of transmission of HIV to the child.*

*The following clinical recommendation statements are quoted verbatim from the referenced clinical guidelines and represent the evidence base for the measure:

Universal HIV testing with patient notification should be a routine component of prenatal care; however, this must be in accordance with current state laws. (American College of Obstetricians and Gynecologists/American Academy of Pediatrics [ACOG/AAP])

Public Health Service (PHS) recommends that all pregnant women in the United States be tested for HIV infection. All health-care providers should recommend HIV testing to all of their pregnant patients, pointing out the substantial benefit of knowledge of HIV status for the health of women and their infants. HIV screening should be a routine part of prenatal care for all women. (Centers for Disease Control and Prevention [CDC])

Clinicians should screen all pregnant women for HIV. There is good evidence that both standard and FDA-approved rapid screening tests accurately detect HIV infection in pregnant women and fair evidence that introduction of universal prenatal counseling and voluntary testing increases the proportion of HIV-infected women who are diagnosed and are treated before delivery. (US Preventive Services Task Force [USPSTF])

PRIMARY CLINICAL COMPONENT

Prenatal care; screening for human immunodeficiency virus (HIV) infection

DENOMINATOR DESCRIPTION

All patients, regardless of age, who gave birth during a 12-month period, seen for continuing prenatal care (see the related "Denominator Inclusions/Exclusions" field in the Complete Summary)

NUMERATOR DESCRIPTION

Patients who were screened for human immunodeficiency virus (HIV) infection during the first or second prenatal visit

Evidence Supporting the Measure

EVIDENCE SUPPORTING THE CRITERION OF QUALITY

- A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence

Evidence Supporting Need for the Measure

NEED FOR THE MEASURE

Variation in quality for the performance measured

EVIDENCE SUPPORTING NEED FOR THE MEASURE

Golden WE, Wells C. Evaluating prenatal care in Arkansas. J Ark Med Soc 2002 Mar;98(9):296-7. [PubMed](#)

State of Use of the Measure

STATE OF USE

Current routine use

CURRENT USE

Internal quality improvement

Application of Measure in its Current Use

CARE SETTING

Ambulatory Care
Physician Group Practices/Clinics

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Physicians

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Individual Clinicians

TARGET POPULATION AGE

All patients, regardless of age

TARGET POPULATION GENDER

Female (only)

STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

Characteristics of the Primary Clinical Component

INCIDENCE/PREVALENCE

Unspecified

ASSOCIATION WITH VULNERABLE POPULATIONS

Unspecified

BURDEN OF ILLNESS

Unspecified

UTILIZATION

Unspecified

COSTS

Unspecified

Institute of Medicine National Healthcare Quality Report Categories

IOM CARE NEED

Staying Healthy

IOM DOMAIN

Effectiveness

Data Collection for the Measure

CASE FINDING

Users of care only

DESCRIPTION OF CASE FINDING

All patients, regardless of age, who gave birth during a 12-month period, seen for continuing prenatal care

DENOMINATOR SAMPLING FRAME

Patients associated with provider

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions

All patients, regardless of age, who gave birth during a 12-month period, seen for continuing prenatal care

Exclusions

- Documentation of medical reason(s) for patient not screening for HIV infection during the first or second prenatal visit (e.g., patient has known HIV)
- Documentation of patient reason(s) for patient not screening for HIV infection during the first or second prenatal visit

RELATIONSHIP OF DENOMINATOR TO NUMERATOR

All cases in the denominator are equally eligible to appear in the numerator

DENOMINATOR (INDEX) EVENT

Clinical Condition
Encounter

DENOMINATOR TIME WINDOW

Time window brackets index event

NUMERATOR INCLUSIONS/EXCLUSIONS

Inclusions

Patients who were screened for human immunodeficiency virus (HIV) infection during the first or second prenatal visit

Exclusions

None

MEASURE RESULTS UNDER CONTROL OF HEALTH CARE PROFESSIONALS, ORGANIZATIONS AND/OR POLICYMAKERS

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

NUMERATOR TIME WINDOW

Encounter or point in time

DATA SOURCE

Administrative data
Medical record

LEVEL OF DETERMINATION OF QUALITY

Individual Case

PRE-EXISTING INSTRUMENT USED

Unspecified

Computation of the Measure

SCORING

Rate

INTERPRETATION OF SCORE

Better quality is associated with a higher score

ALLOWANCE FOR PATIENT FACTORS

Unspecified

STANDARD OF COMPARISON

Internal time comparison

Evaluation of Measure Properties

EXTENT OF MEASURE TESTING

A demonstration project to test the validity and reliability of measures, as well as their usefulness to practicing physicians, was completed by the Arkansas Foundation for Medical Care (AFMC).

EVIDENCE FOR RELIABILITY/VALIDITY TESTING

Golden WE, Wells C. Evaluating prenatal care in Arkansas. J Ark Med Soc 2002 Mar;98(9):296-7. [PubMed](#)

Identifying Information

ORIGINAL TITLE

Measure #2: screening for human immunodeficiency virus (HIV).

MEASURE COLLECTION

[The Physician Consortium for Performance Improvement® Measurement Sets](#)

MEASURE SET NAME

[Prenatal Care Physician Performance Measurement Set](#)

SUBMITTER

American Medical Association on behalf of the Physician Consortium for Performance Improvement®

DEVELOPER

Physician Consortium for Performance Improvement®

FUNDING SOURCE(S)

Unspecified

COMPOSITION OF THE GROUP THAT DEVELOPED THE MEASURE

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FINANCIAL DISCLOSURES/OTHER POTENTIAL CONFLICTS OF INTEREST

Conflicts, if any, are disclosed in accordance with the Physician Consortium for Performance Improvement® conflict of interest policy.

ENDORSER

National Quality Forum

INCLUDED IN

Ambulatory Care Quality Alliance

ADAPTATION

Measure was not adapted from another source.

RELEASE DATE

2002 Jan

REVISION DATE

2007 Sep

MEASURE STATUS

This is the current release of the measure.

This measure updates a previous version: Physician Consortium for Performance Improvement®. Clinical performance measures: prenatal testing. Tools developed

by physicians for physicians. Chicago (IL): American Medical Association (AMA); 2005. 4 p.

SOURCE(S)

Physician Consortium for Performance Improvement®. Prenatal care physician performance measurement set. Chicago (IL): American Medical Association (AMA); 2007 Sep. 10 p. [5 references]

MEASURE AVAILABILITY

The individual measure, "Measure #2: Screening for Human Immunodeficiency Virus (HIV)," is published in the "Prenatal Care Physician Performance Measurement Set." This document and technical specifications are available in Portable Document Format (PDF) from the American Medical Association (AMA)-convened Physician Consortium for Performance Improvement® Web site: www.physicianconsortium.org.

For further information, please contact AMA staff by e-mail at cqi@ama-assn.org.

NQMC STATUS

This NQMC summary was completed by ECRI on November 25, 2002. The information was verified by the Physician Consortium for Performance Improvement on August 28, 2003. This NQMC summary was updated by ECRI on November 14, 2005. The information was verified by the measure developer on February 16, 2006. This NQMC summary was updated again by ECRI Institute on January 31, 2008.

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